

PRINTED: 03/29/2012  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8201	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  03/26/2012
NAME OF PROVIDER OR SUPPLIER  BRISTOL NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08 (1) Building Standards  (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the building's roof was maintained. The findings include: Observation with the Maintenance Director, in the facility on March 26, 2012 between 9:30 a.m. and 1:00 p.m. confirmed there were numerous locations on the ceiling that was discolored from prior water damage. Interview with the Maintenance Director on March 26, 2012 at 1:30 a.m. confirmed the facility had an old roof that had developed leaks. The Maintenance Director stated that some roof leaks were repaired and several other locations needed to be replaced. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 26, 2012.	N 831	N831  All residents had the potential to be affected.  A vendor has been obtained to fix areas of concern on the roof.  The Maintenance Director will watch for trouble areas with the roof and any found will be corrected.  The Maintenance Director will report any areas of concern to the Administrator for monitoring and compliance.		
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness  (2) Physical Facility and Community Emergency Plans.  (a) Physical Facility (Internal Situations).  5. Each of the following disaster preparedness plans shall be conducted annually prior to the	N1410		completion Date 5/11/12	

Division of Health Care Facilities

*Christopher A. Gaddy*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Administrator*

4/20/12

STATE FORM

6899

URYC21

If continuation sheet 1 of 3

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N1410	Continued From page 1  month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.  (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:  (I) Staff duties by department and job assignment; and,  (II) Evacuation procedures.  This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an earthquake drill was exercised annually. The findings include: Interview and record review with the Maintenance Director and Administrator on March 26, 2012 at 3:15 p.m. confirmed the facility failed to perform earthquake drills annually. There was no documentation to indicate earthquake drills were conducted in the past. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 26, 2012.	N1410	N1410  All residents have the potential to be affected.  Staff will be in serviced on the earthquake procedures.  An earthquake drill will be performed.  All earthquake drills will be brought to the Quality Assurance Committee for submission into the meeting minutes and any issues addressed.  The Quality Assurance committee (Administrator, Director of nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Director, Social Services, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.		
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness  (2) Physical Facility and Community Emergency Plans.  (a) Physical Facility (Internal Situations).	N1411		Completion Date 5/11/12	

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N1411	<p>Continued From page 2</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure a bomb threat drill was exercised annually. The findings include: Interview and record review with the Maintenance Director and Administrator on March 26, 2012 3:15 p.m. confirmed the facility failed to perform bomb threat drills annually. There was no documentation to indicate a bomb threat drill was conducted in the past. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 26, 2012.</p>	N1411	<p>N1411</p> <p>All residents had the potential to be affected.</p> <p>Staff will be in serviced on the bomb threat procedures.</p> <p>A bomb threat drill will be performed.</p> <p>All bomb threat drills will be brought to the Quality Assurance Committee meeting for submission into the meeting minutes and any issues addressed.</p> <p>The Quality Assurance committee (Administrator, Director of nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Director, Social Services, and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.</p>	<p>Completion Date 5/11/12</p>